Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			30					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 minus 20=		• 10			X\$ 9=	90	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 4			X40=	160	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT					,			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL	605	OR	TOTAL	
	С	LAIMS AS A	MENDED	- PAR	T II						OTHER	THAN
		(Column 1)	-	(Colur				SMALL ENTITY		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent			***	F CL AINA	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)			,	•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	]	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	- OL A144	=	1	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUIPLE DEP	ENDENI	CLAIM		┛╽	+135=		OR	+270=	
											TOTAL	
			DDIT. FEE	<del></del>	, ,	ADDIT. FEE						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b>!</b>	X40=		OR I	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			. 270	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OR	+270= TOTAL	
***	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE i	s less that	n 3, enter "3."	^	DDIT. FEE			ADDIT. FEE	
•	The "Highest Num	nber Previously Pai	d For (Total or	Independ	RE	highestryphe	er four	nd in the app	ropriate box	in col	umn 1.	